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ABSTRACT

As one phase of an extensive research project, normative data on the anatomical doll play of 209 nonreferred 2- through 5-year-old children were collected which revealed extreme, non-normative responses among some 4- and 5-year-olds. Later, a follow-up study was conducted to investigate the consistency of non-normative behavior over time and to explore children's knowledge of genital intercourse, as well as sources of that knowledge. In the normative study, 5 percent of subjects (Demonstrators) clearly placed the dolls in intercourse positions and 8 percent (Avoiders) refused to touch the unclothed dolls. Involving 40 of the original participants, including 10 Demonstrators and 10 Avoiders, follow-up occurred 16 months after the initial study and matched Demonstrator and Avoider subjects to 20 controls on gender, race, and socioeconomic status. Findings revealed changes over time in Demonstrators' and Avoiders' behaviors that may be explained by cultural, maturational, and socialization factors. Most Demonstrators indicated that they had learned about intercourse from watching sexually explicit videos. Implications for children's testimony concerning sexual abuse and for understanding children's behaviors are explored. It is concluded that anatomical dolls can never be a definitive test of child sexual abuse, that the presence of an adult interviewer appears to have an inhibiting effect on children's exploratory behaviors with the dolls, that even 6- and 7-year-olds may need professional support in disclosing sexual abuse, and that further research is needed. (RH)

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ANATOMICAL DOLL PLAY AMONG YOUNG CHILDREN: A FOLLOW-UP OF SEXUAL DEMONSTRATORS AND DOLL AVOIDERS*

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The use of anatomical dolls has proliferated in the last few years among a wide range of professionals responsible for investigating and prosecuting cases of child sexual abuse (Boat and Everson, 1988). Because of their developmental level, limited coping skills or fear of reprisal, many young children are either unable or unwilling to verbally describe their experiences of sexual abuse.

While increased use of the anatomical dolls has provided children with a tool to demonstrate their experiences, without adequate norms concerning nonabused young children's curiosity and play behaviors with the dolls, proper interpretation of children's interactions with the dolls is uncertain.

Five years ago we embarked in an extensive research program (The Anatomical Doll Project) to address a number of concerns about the use of anatomical dolls in investigations of child sexual abuse. One phase of the Anatomical Doll Project was to collect normative data on 209 nonreferred 2 to 5 year old children. These children had never been referred for investigation of alleged abuse nor suspected by their mothers of being inappropriately touched or sexually abused.

The interview protocol was designed to elicit children's knowledge of human anatomy, anatomical functioning, and sexuality without being leading or suggestive, and to parallel typical investigative interviews. Each child was interviewed alone with a set of dolls. All interviews were videotaped. A period of time was allowed for free play exploration of the unclothed dolls with both the interviewer present and absent.

In general, the children's doll play under these conditions would not lead to suspicion of abuse. However, behaviors of concern were evidenced by a small proportion of four and five year-old children.

1) 5% of children (Demonstrators) demonstrated clear intercourse positionings between the dolls including oral, anal, and genital intercourse.

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2) 8% of children (Avoiders) showed overt avoidance of the unclothed dolls, refusing to touch the dolls even with encouragement from the interviewer.

These two groups represent the extremes on the continuum of how young children interact with dolls. The majority of children exhibited neither sexual demonstration nor avoidant behaviors.

Demonstrations of sexual intercourse and marked avoidance of the unclothed dolls are behaviors among young children that are highly controversial and difficult to interpret. There are some who would argue that young children who display such overt sexuality in their play are most likely victims of sexual abuse. This position is lent support by data on the incidence of child sexual abuse which would suggest that perhaps 5% of preschoolers in the general population would be expected to be victims of sexual abuse, a number which is close to the percentage of Demonstrators in our sample. Similarly, some would argue that marked avoidance of the unclothed dolls suggests a level of sensitivity toward sexuality that should at least raise the question of possible sexual abuse.

In contrast, others would argue that too little is known normatively about the sexual knowledge of young children. As a result, it is not possible to draw conclusions from such interactions with anatomical dolls.

A better understanding of the etiologies of their behaviors is critical for a valid interpretation of children's interactions with anatomical dolls. Hence, we conducted a follow-up study to look at the consistency of the Avoiders' and Demonstrators' behavior over time, specifically with regard to demonstration of clear intercourse positionings between the dolls and level of comfort in handling the dolls. We also explored children's knowledge of genital intercourse and sources of that knowledge.

METHOD

The follow-up study occurred 16 months later using 40 of the original participants. Subjects included 10 Demonstrators and 10 Avoiders. These subjects were matched for gender, race, and socioeconomic status to 20 control children (non-demonstrators, non-avoiders), (Slides 1 & 2). All the Avoiders were White whereas 70% of the Demonstrators were Black. The Avoiders also came from backgrounds of higher levels of maternal education and socioecohomic status than the Demonstrators.

To assess the consistency of children's behavior, the interview protocol from the normative study (Time 1) was duplicated in the follow-up study (Time 2) and included: a) guided doll exploration, and b) direct questions about sexual knowledge. Mothers also completed a questionnaire about their

child's sexual knowledge and viewed their child's videotaped doll play to answer questions about any sexual or avoidant behaviors. All interviews were videotaped for later coding of Clear Intercourse Positioning (see definition, Slide 3). In addition, ratings were made on the children's Doll Comfort Levels on a five point scale (a score of five indicated the highest degree of comfort).

RESULTS

Consistency of Demonstrating Clear Intercourse Positioning

Slide 4 presents data on the incidence of clear intercourse positionings at Time 1 and Time 2 for children identified as Demonstrators, and their controls. The behavior of the Demonstrators changed over time. At Time 1, 100% of Demonstrators were showing clear intercourse positionings when left alone with the dolls. At Time 2, the Demonstrators were comparable to their controls with 20% in each group showing clear intercourse positionings. Thus, a decrease in the frequency of sexualized demonstrations when Demonstrators were older was obtained.

On the other hand, behaviors of the Avoiders were consistent over time (Slide 5). No clear intercourse positionings were observed at Time 2. Controls for both groups showed a slight increase in demonstrating clear intercourse positionings.

Level of Comfort With the Dolls

Although the Avoiders were not demonstrating sexualized behaviors with the dolls, over time they did become more comfortable touching and playing with the anatomical dolls. Slide 6 presents ratings of mean Doll Comfort Levels at Times 1 and 2. At Time 1, the Avoiders were significantly less comfortable than their controls. There was a trend for Avoiders to more freely touch and interact with the unclothed dolls at Time 2. No differences were found in the mean Doll Comfort scores between the Demonstrators and their controls.

Knowledge of Genital Intercourse and Sources of that Knowledge

The children were shown an unclothed adult male and female doll. The male was placed on top of the female in a suggestive intercourse position and the child was asked, "What are the dolls doing?" Responses were coded as Descriptive, ("Lying on top of each other,") Romantic, ("They're huggin'") and Sexual ("making love" or "hunching"), (See Slide 7). No Avoider endorsed a Sexual description while 40% of the Avoider Controls did. Over 3/4 of the Demonstrators and 1/2 the Demonstrator Controls gave Sexual responses.

Follow-up questions were asked to determine the sources of the children's knowledge about genital intercourse (Slide 8). None of the Avoiders acknowledged having intercourse described or observing parental intercourse. Only 3 of 10 Avoiders admitted to exposure to sexually explicit materials. Avoider Controls, Demonstrators, and Demonstrator Controls had larger numbers of children who endorsed exposure (6, 8, and 7 children, respectively). No parents of Avoiders reported, they had described intercourse to their children.

DISCUSSION

The findings in this study are based on small numbers of subjects and should be viewed as tentative. Nonetheless, these are some interesting observations which warrant discussion and possibly further exploration. By definition, the Avoiders no longer qualified for that label at follow-up because they were as comfortable interacting with the unclothed dolls as their controls. Their increased comfort in handling the dolls appears compatible with the generally more socially adept and assertive abilities of six year-olds. Overall, by both child and parent report, the Avoiders appeared to be more sexually naive and less exposed to sexual stimuli in their daily lives than were their controls. Thus, avoidant behavior (refusing to touch the unclothed dolls) in four and five year-old children in whom there is no reason to suspect sexual abuse may reflect family/environmental norms of modesty and decreased sexual exposure.

Likewise, several behaviors of the Demonstrators at Times 1 and 2 may be explained by cultural and maturational factors. Ten children demonstrated clear intercourse positionings at ages four and five but only two showed such behavior at age six. The large majority of Demonstrators indicated they had learned about intercourse from watching sexually explicit videos. The Demonstrators represent a lower SES population whose members frequently live in crowded conditions. There may also be less monitoring of children and greater opportunity for exposure to sexual stimuli. In addition, four and five year olds are developmentally less likely to consider what they demonstrate and/or say in terms of whether it is socially acceptable. Thus, they freely talk about many subjects, including sex. Sixteen months later, these same children have been under the socializing influence of the school system. Most schools make it clear that sexualized talk and/or behavior will not be tolerated. Six year-olds are also better able to inhibit and censure their responses. Thus, at follow-up, we have children who possess explicit sexual knowledge but will not as readily demonstrate with anatomical dolls that knowledge to an interviewer.

What are the implications for children's testimony and understanding children's behaviors with the dolls?

1) This first implication should be common knowledge by now but unfortunately needs repeating: Sexual abuse in young children is so disturbing that many have wished for a "test" - a definitive way to distinguish the abused from the nonabused young child. That hope has focused on the anatomical dolls. But we must acknowledge that the dolls are simply tools, albeit valuable tools, and they are not, were not intended to be, and never can be a definitive test of child sexual abuse. Although sexualized demonstrations by nonabused children with the dolls are rare, they do occur and therefore are not definitive markers of abuse. If a child shows intercourse between the dolls one would wonder where he learned that behavior. But in order to conclude abuse, the child would in some way have to personalize the behavior and say "This happened to me." Likewise, marked avoidance of the unclothed dolls can result from cultural and developmental factors.

2) Only one child (2.5%) in this sample demonstrated sexual interactions with the dolls when an adult was present. Based on these results and those of the normative and other studies, (e.g., Glaser and Collins, 1989; Sivan, Schor, Koeppl & Noble, 1988) the dolls do not promote or stimulate the sexualized or fantasized behaviors which some professionals fear are an inevitable outcome of doll exposure (Yates, Terr, 1988; Yuille, 1988). In fact, the presence of the adult interviewer appears to have an inhibiting effect on children's exploratory behaviors.

3) A great deal of attention has been paid recently to assisting the preschool aged child in disclosing sexual abuse. However, we are speculating that the six and seven year-old may need at least as much support from professionals. We were impressed by the significant change in children between ages four and five and ages six and seven in demonstrating their sexual knowledge. The older children in our study described increased social awareness that sexual behavior was "bad," and feared punishment for demonstrating sexual knowledge, e.g., "My mommy will whip me if I talk about that." The fact that they also are better equipped to hide their feelings and control their responses may mean that young elementary school-aged children will under-disclose and underreport abusive situations. Professionals need to think carefully about whether we are offering all necessary supports when we approach children at this vulnerable developmental level.

4) Finally, a plea to researchers: We must continue to learn about children's sexual knowledge, sources of that knowledge and how such knowledge is displayed by children at different developmental levels. This information is critical for our efforts to differentiate the sexually abused child from the sexually exposed child and more validly interpret young children's interactions with anatomical dolls.

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Slide 1

DEMOGRAPHIC COMPARISONS

%	Avoider (10)	Avoider Control (10)	Demonstrator (10)	Demonstrator Control (10)
$\bar{x}$ Age	6.2	6.2	6.2	6.1
% Female	40	40	40	40
% White	100	100	30	30

Slide 2

DEMOGRAPHIC COMPARISONS

%	Avoider (10)	Avoider Control (10)	Demonstrator (10)	Demonstrator Control (10)
Maternal Education				
<HS	10	0	30	10
HS	10	0	30	40
Some College	50	80	10	30
Some Graduate	30	20	30	20
Socioeconomic Status[+]				
Low	0	0	60	40
Middle	80	70	30	50
High	20	30	10	10

[+] D vs. DC, $p < .06$

Slide 3

CLEAR INTERCOURSE POSITIONING

Deliberate placement of unclothed dolls in a "sexual" position with one of the following:

1) insertion of penis in mouth, vagina or anus

2) verbal description of intercourse (e.g., "they're making love")

3) sexual movement (e.g., dolls humping)

Slide 4

CLEAR INTERCOURSE POSITIONINGS AT TIMES 1 & 2: COMPARISON OF DEMONSTRATOR AND CONTROL GROUPS

	Time 1 (%)		Time 2 (%)	
	D	DC	D	DC
Interviewer Present	20	0	0	0
Child Alone	100	0	20	20

Slide 5

CLEAR INTERCOURSE POSITIONINGS AT TIMES 1 & 2: COMPARISON OF DOLL AVOIDER AND CONTROL GROUPS

	Time 1 (%)		Time 2 (%)	
	A	AC	A	AC
Interviewer Present	0	0	0	10
Child Alone	0	0	0	20

Slide 6

MEAN DOLL COMFORT LEVELS AT TIMES 1 & 2

Comfort Level	Time 1	Time 2
Avoider	2.3	3.1[+]
Avoider Control	3.7[*]	3.6
Demonstrator	3.9	3.8
Demonstrator Control	3.6	4.0

[*] A vs. AC at T_1, $p < .01$
[+] A at T_1 vs. A at T_2, $p < .07$

Slide 7

KNOWLEDGE OF GENITAL INTERCOURSE

%	Avoider (10)	Avoider Control (10)	Demonstrator (9)	Demonstrator Control (10)
Descriptive	70	60	11	40
Romantic	30	0	11	10
Sexual	0	40	77	50

SOURCES OF SEXUAL KNOWLEDGE: CHILD REPORT

%	Avoider	Avoider Control	Demonstrator	Demonstrator Control
Intercourse Described	0	10	10	10
Observations of Parental/ Other Intercourse	0	20	20	10
Sexual Scenes in Movies/ Videos	20	40	60	70
Sexually Explicit Materials	10	30	20	30
(N)	(3)	(6)	(8)	(7)